

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1.	Jacqueline Evans <i>Jacqueline Evans</i>	Street: 3006 Worthington Ave #4 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Email  
Phone  
Email  
Phone

### Certification of Circulator

I, Amy Clements, (certify): I reside at 2126 LaFollette Ave (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
Month Day Year

*Amy Clements*  
\_\_\_\_\_  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2057

A2911  
Circulator  
Phone  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Katy France	<i>Katy France</i>	Street: 614 Vernon Ave City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
2. WILLIAM BLONDEAU	<i>WJ Blondeau</i>	Street: 122 N 6TH ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
3. ALEXANDRA KRUCAS	<i>Alexandra Krucas</i>	Street: 2332 E Washington City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Amy Clements (Name of Circulator), (certify): I reside at 2126 Lafayette (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Amy Clements*  
\_\_\_\_\_  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2052

Email  
Phone  
Email  
Phone

A29  
Circulator  
Phc  
Em

# SCOTT WALKER RECALL PETITION

Return by  
Committee  
PO Box 25  
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFO
1. Print: <u>ROBERT A. OEHLKERS</u> Sign: <u>Robert A. Oehlkers</u>	Street: <u>5504 WINNEQUAH TRAIL</u>  City: <u>MONONA</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MONONA</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>oehlker</u> Phone <u>(608)</u>
2. Print: <u>Meredith Oehlkers</u> Sign: <u>Meredith Oehlkers</u>	Street: <u>5504 WINNEQUAH TRAIL</u>  City: <u>Monona Wi</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>maedeh</u> Phone <u>(608)</u>
3. Print: <u>Linda Mertes</u> Sign: <u>Linda Mertes</u>	Street: <u>2 Harvest Circle</u>  City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>(608)</u>
4. Print: <u>Ann BRINK</u> Sign: <u>Ann C Brink</u>	Street: <u>5706 Ambrosia Ter</u>  City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>caddy</u> Phone <u>(608)</u>
5. Print: <u>Betty Ballenger</u> Sign: <u>Betty Ballenger</u>	Street: <u>95 Springview Ct Apt A</u>  City: <u>madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>NA</u> Phone <u>1-608</u>

### Certification of Circulator

I, Meredith Oehlkers (Printed Name of Circulator), certify: I reside at 5504 WINNEQUAH TRAIL (Circulator's Residence - Street Name and Number) Monona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov, 16, 2011  
(Month) (Day) (Year)  
Meredith Oehlkers  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2053

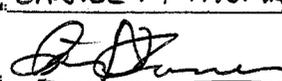
A791  
Circulators,  
Please include your c  
Phone  
(608)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committed  
PO Box 29  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>DANIEL F. THOMAS</u> Sign: 	Street: <u>709 CHRISTIANSEN WAY</u>  City: <u>STOUGHTON</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City  <u>STOUGHTON</u> <small>(Municipality Name)</small>	<u>11 / 16 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>d.f.th</u> Phone: <u>(608</u>
2. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>
3. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>
4. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>
5. Print: _____ Sign: _____	Street: _____  City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>

### Certification of Circulator

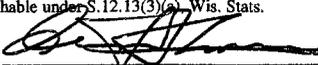
I, DANIEL F. THOMAS (Printed Name of Circulator), (certify): I reside at 709 CHRISTIANSEN WAY (Circulator's Residence - Street Name and Number)

CITY OF STOUGHTON, WI  
(Circulator Municipality)

A290

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2057

Circulators,  
Please include your c  
Phone  
(608  
Email  
d.f.th

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

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1. Print: <u>Barbara FOULK</u> Sign: <u>Barbara Foulk</u>	Street: <u>3396 Kuehling DR</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
2. Print: <u>GLENDA JOHNSON</u> Sign: <u>GLEND JOHNSON</u>	Street: <u>640 STONEBRIAR LANE</u> City: <u>OREGON</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>OREGON</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
3. Print: <u>Amy Malueg</u> Sign: <u>Amy Malueg</u>	Street: <u>5207 Broadhead St</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
4. Print: <u>Scott Heinz</u> Sign: <u>Scott Heinz</u>	Street: <u>5907 Res Oak Trail</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
5. Print: <u>Nikole Chapman</u> Sign: <u>Nikole Chapman</u>	Street: <u>5927 Prairie Wood Dr</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>

### Certification of Circulator

I, GLEND JOHNSON, (certify): I reside at 640 STONEBRIAR LANE OREGON  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

GLEND JOHNSON  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2055

**Circulators,**  
Please include your contact information.

Phone  
( ) ( )  
Email

A299

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Tamara Packard</u> Sign: <u>Tamara Packard</u>	Street: <u>620 S. Brearly St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
2. Print: <u>Helli McNett</u> Sign: <u>Helli McNett</u>	Street: <u>3157 Muir Field Rd. Apt 41</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
3. Print: <u>Susan L. Brown</u> Sign: <u>Susan L. Brown</u>	Street: <u>259 E Netherwood Rd</u> City: <u>Oregon, WI</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
4. Print: <u>LISA V. FOX</u> Sign: <u>Lisa V. Fox</u>	Street: <u>8252 STARR GRASS DR</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
5. Print: <u>Genevieve Gibbs-Benesch</u> Sign: <u>Genevieve Gibbs-Benesch</u>	Street: <u>4714 Jade Lane</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )

### Certification of Circulator

I, Tamara Packard, (certify) I reside at 620 S. Brearly St. Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
Tamara Packard  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2056

129

**Circulators**  
Please include your  
Phone  
608  
Email  
Packs

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
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PO Box 25  
Madison, WI

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1. Print: <u>M. Alison TenBruggencate</u> Sign:	Street: <u>14 st. Lawrence Circle</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
2. Print: <u>Nancy Rettenmund</u> Sign:	Street: <u>498 Basswood Ave.</u> City: <u>Verona, Wis.</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
3. Print: <u>Hathryn Petrie</u> Sign:	Street: <u>2348 Hwy 19</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sun Prairie</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
4. Print: <u>Anna Leh</u> Sign:	Street: <u>1833 Rutledge St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
5. Print: <u>KERRY W. FIGHT</u> Sign:	Street: <u>1507 S. FRANKLIN</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )

### Certification of Circulator

I, Tamara Beckard, (certify) I reside at 620 S. Grearly St. Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

A29  
Circulators,  
Please include your  
Phone  
608  
Email  
Beckard

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(5)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
<b>1.</b> Print: <u>Margaret Slattery</u> Sign: <u>Margaret Slattery</u>	Street: <u>5621 Frontgate Dr.</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
<b>2.</b> Print: <u>Lee Cullen</u> Sign: <u>[Signature]</u>	Street: <u>445 North Fen St</u> City: <u>Madison</u> Zip: <u>53708</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
<b>3.</b> Print: <u>Carnie Benedon</u> Sign: <u>[Signature]</u>	Street: <u>7 Sherman Terrace #15</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
<b>4.</b> Print: <u>Nicole Vandenberg</u> Sign: <u>Nicole Vandenberg</u>	Street: <u>309 W. Washington Ave</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/13/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
<b>5.</b> Print: <u>Deborah M Smith</u> Sign: <u>[Signature]</u>	Street: <u>3821 Constitution Dr</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Tamara Beckard (Printed Name of Circulator), (certify): I reside at 620 S. Brearly St. (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
 (Month) (Day) (Year)

Tamara Beckard  
 (Signature of Circulator)

Page No. (Official Use Only)  
 # 2058

A297

**Circulators.**  
 Please include your  
 Phone: \_\_\_\_\_  
 Email: Beckard

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Teresa Kobelt</u> Sign: <u>Jessa Kobelt</u>	Street: <u>7208 Hubbard Ave</u>  City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
2. Print: <u>Kent Carnell</u> Sign: <u>Kent Carnell</u>	Street: <u>5239 Anna Lane</u>  City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
3. Print: <u>Barbara Givas</u> Sign: <u>Barbara Givas</u>	Street: <u>102 N. Franklin St</u> <u>Apt 205</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <del>Denise</del> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
4. Print: <u>Jeanne Armstrong</u> Sign: <u>Jeanne Armstrong</u>	Street: <u>5358 Coney Weston Pl.</u>  City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
5. Print: <u>JOSHUA KINDKEPER</u> Sign: <u>Joshua Kindkeper</u>	Street: <u>409 Walnut Dr</u>  City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )

I, Tamara Beckard (Printed Name of Circulator), (certify): I reside at 4205 Bearyly St (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Tamara Beckard  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2059

A297

**Circulators.**  
Please include your contact information.

Phone  
608  
Email  
Beckard

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
<b>1.</b> Print: <u>Satoshi Kinoshita</u> Sign: <u>Satoshi Kinoshita</u>	Street: <u>510 Goldenrod Circle</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>sski</u> Phone (608)
<b>2.</b> Print: <u>Heather Reekie</u> Sign: <u>Heather Reekie</u>	Street: <u>706 Ariel Lane</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ahreek</u> Phone (608)
<b>3.</b> Print: <u>Tesia Storch</u> Sign: <u>Tesia Storch</u>	Street: <u>1125 Prairie Way Cir</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>tesia11</u> Phone (608)
<b>4.</b> Print: <u>Sara Sandler</u> Sign: <u>Sara Sandler</u>	Street: <u>591 Harvest Ln</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>thesand</u> Phone (608)
<b>5.</b> Print: <u>Kerry Griffin</u> Sign: <u>Kerry Griffin</u>	Street: <u>718 FOREST VIEW</u> City: <u>VERONA</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>griff</u> Phone (608)

### Certification of Circulator

I, Jana Schroeder (Printed Name of Circulator) (certify): I reside at 304 Military Ridge Dr. (Circulator's Residence - Street Name and Number) Verona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
 (Month) (Day) (Year)

Jana Schroeder  
 (Signature of Circulator)

Page No. (Official Use Only)  
 # 2060

**Circulators.**  
 Please include your contact info.  
 Phone  
 (608)  
 Email  
janasm  
 Batch  
 #8675  
 WJ

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**

Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Chris &amp; Haugemann</u> Sign: <u>[Signature]</u>	Street: <u>304 Military Ridge Dr.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>608</u>
2. Print: <u>Judy Weidman</u> Sign: <u>Judy Weidman</u>	Street: <u>543 Linden Ct.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>608</u>
3. Print: <u>Connie Donkle</u> Sign: <u>Connie Donkle</u>	Street: <u>408 Glacier Ridge</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
4. Print: <u>Theresa Elsey</u> Sign: <u>Theresa Elsey</u>	Street: <u>619 W. Miffelin Apt C</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>Theresa</u>
5. Print: <u>Jana Schroer</u> Sign: <u>JM Schroyer</u>	Street: <u>304 Military Ridge Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )

### Certification of Circulator

I, Jana Schroer (Printed Name of Circulator) (certify): I reside at 304 Military Ridge Dr. (Circulator's Residence - Street Name and Number) Verona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

JM Schroyer  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2061

**Circulators,**  
Please include your

Phone:  
608  
Email:  
Jana  
Butch #  
B675

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Anne Loppnow</u> Sign: <u>Anne Loppnow</u>	Street: <u>603 Woodlawn Way</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
2. Print: <u>DAVID DOHNAL</u> Sign: <u>[Signature]</u>	Street: <u>416 GLACIER RIDGE TR.</u> City: <u>VERONA WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
3. Print: <u>Theresa Stuesser</u> Sign: <u>Theresa Stuesser</u>	Street: <u>317 W. Whispering Pines Way</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
4. Print: <u>Laura Kaiser</u> Sign: <u>Laura Kaiser</u>	Street: <u>138 E Wilson #502</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
5. Print: <u>Jo-Ann O'Brien-Shor</u> Sign: <u>[Signature]</u>	Street: <u>6487 Scene + Dr.</u> City: <u>Verona, WI</u> Zip: <u>53543</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )

### Certification of Circulator

I, Jana Schroeder (certify): I reside at 304 Military Ridge Dr  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Verona  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2062

Return by  
Committee  
PO Box 25  
Madison, WI

**Circulators**  
Please include your contact information

Phone  
608  
Email  
janas  
Date #  
3675

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	C
1. Print: <u>JOSH KAURICH</u>  Sign: <u>[Signature]</u>	Street: <u>102 PONWOOD CIRCLE UNITE</u>  City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>joshka</u> Phone <u>(608)</u>
2. Print: <u>Adam Laurent</u>  Sign: <u>Adam Laurent</u>	Street: <u>2762 Richardson St</u>  City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>ajla</u> Phone <u>(608)</u>
3. Print: <u>Joe Winecke</u>  Sign: <u>Joe Winecke</u>	Street: <u>412 EDWARD ST.</u>  City: <u>VERONA</u> Zip: <u>53583</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>WJ</u> Phone <u>(608)</u>
4. Print: <u>Patricia J Aspinwall</u>  Sign: <u>[Signature]</u>	Street: <u>3026 Shefford DR.</u>  City: <u>MADISON</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>NTG</u> Phone <u>(608)</u>
5. Print: <u>Rick Ryan</u>  Sign: <u>[Signature]</u>	Street: <u>1719 Sandy Rock</u>  City: <u>Hollandale</u> Zip: <u>53544</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Moscow</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>608</u> Phone <u>(608)</u>

I, Joe Winecke (certify): I reside at 412 EDWARD STREET VERONA VERONA  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.15(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2063

Return  
Committee  
PO Box  
Madison  
  
Circulators,  
Please include your  
Phone  
(  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Noelle Ambrose</u> Sign: <u>Noelle Ambrose</u>	Street: <u>1922 Scott Ln.</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
2. Print: <u>Nicole Svensson</u> Sign: <u>Nicole Svensson</u>	Street: <u>1260 Virgin Lake Dr.</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

### Certification of Circulator

I, Emily Kolman (certify): I reside at 630 Poplar Way Verona  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Emily Kolman  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 2064

Return  
Comr  
PO B  
Madi

Circulator  
Please Includ  
Phone  
(  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. LORI A. Hilgenberg		Street: 6922 Park Ridge Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
2. Jeffrey J. Bader		Street: 314 S. Main St. Unit 305 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
3. Charles C Gerhardt		Street: 503 Edward St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
4. Gina Anderson		Street: 75 N Oak St City: Platteville WI Zip: 53818	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Platteville	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
5. Mary Jane Brummer		Street: 7513 Widgeon Way City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
6. Brian L. Stuesser		Street: 609 Ethan Terrace City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
7. Beth Zurbuchen		Street: 3210 Nottingham Way City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
8. ROBERT W. MAURICE II		Street: 325 WESTRIDGE PARKWAY City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
9. Dean Anderson		Street: 176 PAOLI ST City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
10. Amy Grant		Street: 410 Acadia Way City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Deborah Klein, (certify): I reside at 404 Dunhill Dr. Verona  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Deborah Klein  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. LYNDIA BADER	<i>Lyndia Bader</i>	Street: 314 S. Main Str #305 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Karen Williams	<i>Karen Williams</i>	Street: 973 Park St, Unit 201 City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Kathleen Houser	<i>Kathleen Houser</i>	Street: 113 Edward St. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Judith E. Niederberger	<i>Judith E. Niederberger</i>	Street: 6384 DeMarco Trail City: Verona Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
5. Christopher Patton	<i>Chris Patton</i>	Street: 873 Potter Pass City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Blakely Boyd	<i>Blakely Boyd</i>	Street: 302 Prairie Heights Dr City: Verona Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
7. Charyn Grandau	<i>Charyn Grandau</i>	Street: 106 Melody Cr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Erin Marie McArthur	<i>Erin Marie McArthur</i>	Street: 113 Paoli St. Apt #115 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
9. Marcia Olson Castillo	<i>Marcia Olson Castillo</i>	Street: 176 PAOLI ST City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Deborah Klein, (Name of Circulator), (certify): I reside at 404 Dunhill Dr, Verona, (Circulator's Residence - Street name and Number) Verona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Deborah Klein  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. HANI ELABEN		Street: 843 QUESTA RIDGE TRAIL City: VERONA, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Annette Stratman-Durrer		Street: 303 S. Marietta St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Eric Wagner		Street: 540 Oakwood Drive City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Mike Huston		Street: 290 Prairie Heights Dr #309 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
5. Eric Hoeve		Street: 140 Westridge Pkwy City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Anne Miller		Street: N8494 Poplar Grove Rd. City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/15/2011 <small>(Month) (Day) (Year)</small>
7. WILLIAM B. BAUMANN		Street: 579 HARVESTLANE City: VERONA, Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Jill Bemis, (certify): I reside at 37 Sinyken Cir Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. BRIAN CASSEL	<i>Brian Cassel</i>	Street: 604 ROVALIA DR City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11 / 15 / 20 <small>(Month) (Day) (Year)</small>
2. Jennifer Murray	<i>Jennifer Murray</i>	Street: 472 Hillcrest Cir City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
3. Taine Hatch-Rymer	<i>Taine Hatch-Rymer</i>	Street: N5570 Baylee Drive City: Fond du Lac WI Zip: 53493	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Empire	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
4. Natali Hoeve	<i>Natali Hoeve</i>	Street: 140 Westridge Pkwy, City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
5. Scott Johnson	<i>Scott Johnson</i>	Street: 7209 Gladstone Drive City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Jill A Bemis, (Name of Circulator), (certify): I reside at 37 Snyken Cir, (Circulator's Residence - Street name and Number) Madison, (Circulator Municipality)

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11 / 15 / 2011  
(Month) (Day) (Year)

Jill A Bemis  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Theresa Battles	<i>Theresa Battles</i>	Street: 513 Ashton Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
2. Mary Temby	<i>Mary Temby</i>	Street: 913 Maple Rd City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
3. Danielle Larson	<i>Danielle Larson</i>	Street: 119 N Franklin St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
4. Michael Mackler	<i>Michael Mackler</i>	Street: 103 Holiday Ct City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
5. Diane Robinson	<i>Diane Robinson</i>	Street: 2053 Hwy P13 City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
6. Shahan Zaman	<i>Shahan Zaman</i>	Street: 154 Acker Court City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
7. Amy Keller	<i>Amy Keller</i>	Street: 408 S. Jefferson St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
8. Catherine Kohl	<i>Catherine Kohl</i>	Street: 901 Hemlock Dr. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
9. Paula McGuire	<i>Paula McGuire</i>	Street: 210 N. Jefferson St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>
10. Sharon K Newhouse	<i>Sharon K Newhouse</i>	Street: 1029 Tamarack Way City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 20 11 <small>(Month) (Day) (Year)</small>

Email
Phone

### Certification of Circulator

I, Deborah Klein, (certify): I reside at 404 Dunhill Dr. Verona  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Deborah Klein  
(Signature of Circulator)

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# 2069



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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Patricia Rieder	<i>Patricia Rieder</i>	Street: 57663 Grandview Ave City: Merrimac Zip: 53561	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrimac	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Karen Maund	<i>Karen Maund</i>	Street: 8163 Windy Oak Lane City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Megan O'Brien	<i>Megan O'Brien</i>	Street: 85 Hawks Ldg Cir #114 City: Verona, WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Jeffrey W. Thompson	<i>Jeffrey W. Thompson</i>	Street: 119 Parkway Ave City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Belleville	11/15/2011 <small>(Month) (Day) (Year)</small>
5. Tina M. Klimke	<i>Tina M. Klimke</i>	Street: W2475 State Rd. 92 City: Brooklyn WI Zip: 53521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Mary L. Faulstich	<i>Mary L. Faulstich</i>	Street: 7478 Hillcrest Drive City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
7. David Spiering	<i>David Spiering</i>	Street: <del>Verona WI 53593</del> 4335 Main St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Jennifer Hamad	<i>Jennifer Hamad</i>	Street: 760 Fairview Ter City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
9. Joshua Thays	<i>Joshua Thays</i>	Street: 114 E. Church St. City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Belleville	11/15/2011 <small>(Month) (Day) (Year)</small>
10. Melissa Helgeson	<i>Melissa Helgeson</i>	Street: 403 S Main St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

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(Month) (Day) (Year)

Deborah Klein  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kevin Calabrese		Street: 2515 East Dayton St. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Jessica Lanius		Street: 1025 Kettle Ct City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Elsa Bruner		Street: 6101 Mulberry Dr City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Jill Bemis		Street: 37 Smykin Cir City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
5. MARY LITTLE		Street: 306 LUCILLE ST City: VERONA, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Robert Little		Street: 306 Lucille St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
7. PAMELA L. HAZIB		Street: 735 TAMARACK CT City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Marilyn L. Schairer		Street: 4325 Winnequah Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 <small>(Month) (Day) (Year)</small>
9. John E. Schairer		Street: 4325 Winnequah Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City monona	11/15/2011 <small>(Month) (Day) (Year)</small>
10. LARRY KROEGER		Street: 422 South Main City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City verona	11/15/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smykin Circle Madison WI Madison -  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

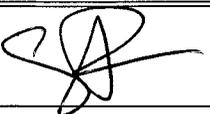
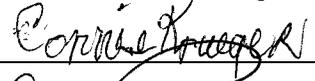
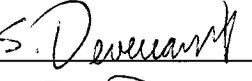
Page No. (Official Use Only)  
 # 2071



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

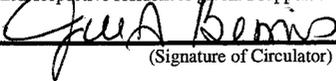
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. SETH J. FISCHER		Street: 314 PALOMINO LN APT 2 City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Suzanne S O'Leary		Street: 668 Harvest Ln City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Connie Krueger		Street: <del>432 South Main Street</del> City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
4. LAURA ROBERTS		Street: 7202 CROSS COUNTRY City: VERONA WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
5. SUSAN LANIUS		Street: 2830 INTERLAKEN PASS City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
6. HELEN LOSCHNIGG-FOX		Street: 540 BOWERS RD City: BELLEVILLE WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PRIMROSE	11/15/2011 <small>(Month) (Day) (Year)</small>
7. Laura Reddan		Street: 306 Birchwood La City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Steve Devereaux		Street: 6858 Paoli Rd. #6 City: Belleville WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	11/15/2011 <small>(Month) (Day) (Year)</small>
9. Laura Mayer		Street: 102 Paoli St #1 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smykin Circle Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kim Matney	<i>Kim Matney</i>	Street: 105 S. Jefferson St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

### Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smykin Cir Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Jill A Bemis*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2013



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Jacob Dan Shea		Street: 3122 Atwood Avenue City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
2. Jonathan Hansen		Street: 3721 Clover Ln City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
3. Adam Nesbit		Street: 37 Lansing Street City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Judith HERMANN		Street: 1028 E. JUNEAU Ave #225 City: Milwaukee Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/16/2011 <small>(Month) (Day) (Year)</small>
5. MARY BETTS		Street: 2309 Center Ave. #1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
6. Ida Buchanan		Street: 7146 Tree Lane 53717 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
7. AMY WALDEN		Street: 3818 St. Clair St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Adam Freihoefer		Street: 6903 Littlemore Dr #202 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
9. Chad Vogel		Street: 1 E Gilman City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
10. Ery Gildrie-Voyles		Street: 605 Baltzell City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Betsy L. Wilcox, (certify): I reside at 3314 Derby Down Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January**

Committee to Recall  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Eileen Hochmuth</u> Sign: <u>Eileen Hochmuth</u>	Street: <u>2888 Asmundsen Rd</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email:  Phone: (     )
2. Print: <u>PHILLIP NEHMER</u> Sign: <u>[Signature]</u>	Street: <u>5203 Autumn Leaf Ln. Apt 384</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email:  Phone: (     )
3. Print: <u>Brian J. Mittell</u> Sign: <u>[Signature]</u>	Street: <u>2426 Summers Ave.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email:  Phone: (     )
4. Print: <u>Victoria Chung</u> Sign: <u>[Signature]</u>	Street: <u>2642 S. Stoughton Road</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email:  Phone: (     )
5. Print: <u>David Crizzo</u> Sign: <u>David Crizzo</u>	Street: <u>17 SAINT ALBENS AVE</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email:  Phone: (     )

### Certification of Circulator

I, STEVEN L. Gustafson, (certify): I reside at 1341 VICAR AVE Madison, WI  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 205

**Circulators,**  
 Please include your contact info

Phone:  
(608) 2...  
 Email:

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January  
Committee to Recall  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>AUDRA L. BELL</u> Sign: <u><i>Abell</i></u>	Street: <u>125 S Hancock St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(608) 238-1234</u>
2. Print: <u>James Garcia</u> Sign: <u><i>JG</i></u>	Street: <u>2692 S. Stoughton Rd</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>( ) ( )</u>
3. Print: <u>Catherine Caro Bruce</u> Sign: <u>Catherine Caro Bruce</u>	Street: <u>710 Baltzell St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>( ) ( )</u>
4. Print: <u>Steve Martinelli</u> Sign: <u><i>St Martin</i></u>	Street: <u>2215 W. RIDGE ROAD</u> City: <u>COTTAGE GROVE</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>COTTAGE GROVE</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>( ) ( )</u>
5. Print: <u>THOMAS JOHN EASTON</u> Sign: <u><i>Thomas John Easton</i></u>	Street: <u>1689 LAKE COURT</u> City: <u>MADISON</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>EASTON56@...</u> Phone: <u>(608) 238-1234</u>

**Certification of Circulator**

I, STEVEN L. GUSTAFSON (certify): I reside at 1341 VILAS AVE Madison WI  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Steven L. Gustafson*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2076

**Circulators,**  
Please include your contact information

Phone: (608) 238-1234  
Email: \_\_\_\_\_

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by January**  
Committee to Recall  
PO Box 2569  
Madison, WI 53703

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Barb Easton</u> Sign: <u>Barb Easton</u>	Street: <u>1009 Lake Court</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>
2. Print: <u>Mike Netzer</u> Sign: <u>Mike Netzer</u>	Street: <u>19 Springfield Ct</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>(608) 69</u>
3. Print: <u>Melissa Weymiller</u> Sign: <u>Melissa Weymiller</u>	Street: <u>2305 S. Park St. Apt 2</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>mmweym</u> <u>cinai</u> Phone <u>(608) 4</u>
4. Print: <u>CLAYTON WILLIAMS</u> Sign: <u>Clayton Williams</u>	Street: <u>1029 RIDGEMOOD WAY</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>
5. Print: <u>James Tomony</u> Sign: <u>James Tomony</u>	Street: <u>1215 ELIZABETH 53703</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>

I, STEVEN L. GUSTAFSON, (certify): I reside at 1341 VILAS AVE. MADISON, WI  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Steven L. Gustafson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2077

**Circulators,**  
Please include your contact info

Phone  
(608) 2  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January  
Committee to Recall  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Susan Smedberg</u> Sign: <u>SK Smedberg</u>	Street: <u>2684 Granite Cr</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> <small>(Municipality Name)</small>	<u>11/26/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>
2. Print: <u>Rebecca Behling</u> Sign: <u>R &amp; Behling</u>	Street: <u>5909 South Hill Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>
3. Print: <u>David Last</u> Sign: <u>David Last</u>	Street: <u>N5993 County Rd O</u> City: <u>Waterloo</u> Zip: <u>53594</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Mills</u> <small>(Municipality Name)</small>	<u>11/14/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>
4. Print: <u>Sherrie Ray</u> Sign: <u>Sherrie Ray</u>	Street: <u>2514 Ravenswood Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>
5. Print: <u>KEVIN MULLANEY</u> Sign: <u>K Mullaney</u>	Street: <u>1306 RUTLEDGE ST.</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>( ) ( )</u>

**Certification of Circulator**

I, STEVEN L. Gustafson (certify): I reside at 1341 VILAS AVE MADISON, WI  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Steven L. Gustafson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2078

**Circulators,**  
Please include your contact information

Phone  
(608) 2  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January  
Committee to Recall  
PO Box 2569  
Madison, WI 53703

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Colleen Storck</u> Sign: <u>Colleen Storck</u>	Street: <u>2008 Vilas Avenue</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
2. Print: <u>LAUREN L BUSSAN</u> Sign: <u>Lauren L Bussa</u>	Street: <u>5510 Alben Ave</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
3. Print: <u>Jon Tallings</u> Sign: <u>Jon Tallings</u>	Street: <u>4761 Schneider Dr</u> City: <u>Fitchburg</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
4. Print: <u>Robert Kiel</u> Sign: <u>Rob Kiel</u>	Street: <u>111 W. Wilson</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <small>( ) ( )</small>
5. Print: <u>Therese Dary</u> Sign: <u>Therese Dary</u>	Street: <u>701 Beekman St.</u> City: <u>Waupun, WI</u> Zip: <u>53963</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waupun</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>tdary@</u> Phone <u>(920) 313</u>

I, STEVEN L. BUSSAN, (certify): I reside at 1341 Vilas Ave MADISON WI  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. Stats.

11/16 2011  
(Month) (Day) (Year)

Steven L. Bussan  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2079

**Circulators.**  
Please include your contact information

Phone  
(608) 2

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall  
PO Box 2569  
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>RAMON V NATERA</u> Sign: <u>Ramon V Natera</u>	Street: <u>4002 Duke St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( ) ( )
2. Print: <u>Mark Lee</u> Sign: <u>Mark Lee</u>	Street: <u>48116 Canterbury Ln #10</u> <u>Lake Mills</u> City: <u>Lake Mills</u> Zip: <u>53551</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Mills</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>leavill@</u> Phone: ( ) ( )
3. Print: <u>Mary Jo Cleaver</u> Sign: <u>Mary Jo Cleaver</u>	Street: <u>3418 S. Stone Creek Cir</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( ) ( )
4. Print: <u>Chad Clayton</u> Sign: <u>Chad Clayton</u>	Street: <u>2402 Independence Ln apt 206</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( ) ( )
5. Print: <u>Nancy McVary</u> Sign: <u>Nancy McVary</u>	Street: <u>1115 McLean Dr</u> City: <u>Madison</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( ) ( )

**Certification of Circulator**

I, STEVEN L. GUSTAFSON (Printed Name of Circulator) (Certify): I reside at 1341 V. CAS AVE. (Circulator's Residence - Street Name and Number) Madison, WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 14 / 2011  
(Month) (Day) (Year)

Steven L. Gustafson  
(Signature of Circulator)

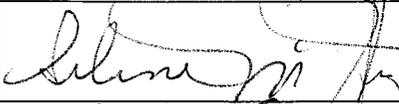
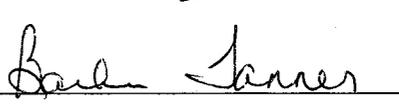
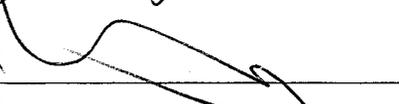
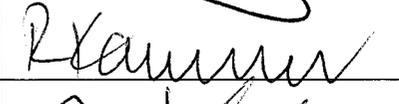
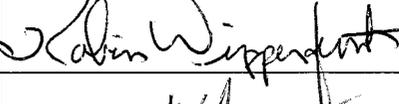
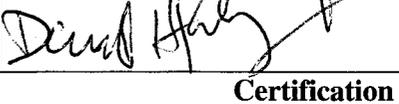
Page No. (Official Use Only)  
# 2080

Circulators,  
Please include your contact info  
Phone:  
(608)  
Email:

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

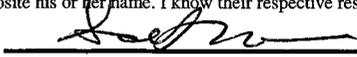
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Selene McHugh <sup>GD</sup>		Street: 5705 Hammersley City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Lisa M Schleicher		Street: 3902 maple grove #3 City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Barbara Tanner		Street: 558 Union Rd City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town Oregon <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Nede Van Hecke		Street: 630 Cherry Wood Dr City: Oregon, WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Jessica Baucher		Street: 6138 Thornburg Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
Victoria Bohm		Street: 1301 Nishishin Tr City: Monroe WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City monroe	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. R. Kummer		Street: 9405 Whippercornill City: Middleton Zip: 53582	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. B. Fingershut		Street: 511232 W. lison Cr City: Spring Green Zip: 53588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franklin	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Robin Wipperfurth		Street: W749A Hwy B City: Foyette WI Zip: 53955	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deorra	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. David H Kelong		Street: 10 Leyton Circle City: madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone

### Certification of Circulator

I, SETH NEWMAN, (certify): I reside at 1256 Spaight St #1 MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)  
# 2081



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kristin Huotani	<i>Kristin Huotani</i>	Street: 1256 Spaight St #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Amy Woulke	<i>Amy Woulke</i>	Street: 1256 Spaight St. #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Aaron Ingold	<i>Aaron Ingold</i>	Street: Maple Valley Dr. #302 City: Madison, WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
4. ADAM LIEBERG	<i>Adam Lieberg</i>	Street: 15 N Baldwin St #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
5. JARED SCHABER	<i>Jared Schaber</i>	Street: 15 N Baldwin St Apt #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Ryan Korpi	<i>Ryan Korpi</i>	Street: 324 E Blue St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
7. Jennifer A. Jones	<i>Jennifer A. Jones</i>	Street: 33 Cowy St. Apt. 2 City: Madison WI Zip: 53706	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Amy S. Hedding	<i>Amy S. Hedding</i>	Street: 1007 Grove St City: Beaver Dam WI Zip: 53914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	11/15/2011 <small>(Month) (Day) (Year)</small>
9. Colleen Berg	<i>Colleen Berg</i>	Street: 29 N. 1st St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
10. Anna Weidemann	<i>Anna Weidemann</i>	Street: 29 N. First St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Sech Newman, (certify): I reside at 1256 Spaight St. Madison Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

*Sech Newman*  
(Signature of Circulator)

Page No. (Official Use Only)  
2082



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. MIRIAM FARBER	<i>Miriam Farber</i>	Street: 146 JACKSON ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>
2. Jennifer Kakuske	<i>Jennifer Kakuske</i>	Street: 5502 Sedgemoor Rd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 <small>(Month) (Day) (Year)</small>
3. Dawn Malbroek	<i>Dawn Malbroek</i>	Street: 491 White Tail Dr City: Sun Prairie Zip: 53591	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Erin M. Ginder	<i>Erin M. Ginder</i>	Street: 3141 Patty Lane City: Middleton Zip: WI 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 <small>(Month) (Day) (Year)</small>
5. Farideh Mehraei	<i>Mehraei</i>	Street: <del>WENR 7068</del> Madison City: 5992 Schroeder St WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
6. Thomas E O'Connor	<i>Thomas E O'Connor</i>	Street: 712 S. Walker Way City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town Sun <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Prairie	11/16/2011 <small>(Month) (Day) (Year)</small>
7. Jenni LaDank	<i>Jenni LaDank</i>	Street: 6201 Acker Pkwy City: DeForest Zip: 53532	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DeForest	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Amy Shepard	<i>Amy Shepard</i>	Street: 5230 Sassafras Dr City: Fitchburg WI Zip: 53111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/14/2011 <small>(Month) (Day) (Year)</small>
9. Alicia Katsma	<i>Alicia Katsma</i>	Street: 2509 Leibold City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Seth Newman, (certify): I reside at 1256 Spaight St #1 Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011  
(Month) (Day) (Year)

*Seth Newman*  
(Signature of Circulator)

Page No. (Official Use Only)

#2083



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. James Yoder	<i>James Yoder</i>	Street: 1010 Midland St. City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
2. Deborah Yoder	<i>Deborah Yoder</i>	Street: 1010 Midland St City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
3. RITA BARCZYNSKI	<i>Rita Barczynski</i>	Street: 2911 UNION ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Janna Donovan	<i>Janna Donovan</i>	Street: 1338 E. WILSON City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
5. NATHAN CHAPPEL	<i>Nathan Chappel</i>	Street: 2701 E JOHNSON City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>
6. Liz Stattelman-Scanlan	<i>Liz Stattelman-Scanlan</i>	Street: 2757 Union St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
7. Chad McClure	<i>Chad McClure</i>	Street: 3809 Margaret St. City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Kelly Wright	<i>Kelly Wright</i>	Street: 625 E. Mifflin St. #217 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
9. John Howe	<i>John Howe</i>	Street: 3706 Ross St. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
10. Krista Ledbetter	<i>Krista Ledbetter</i>	Street: 1217 E. Wilson St #10 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, MAGGIE FREESPIRIT, (certify): I reside at 150 TALMADGE STAPT 2 MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Maggie Freespirit*  
(Signature of Circulator)

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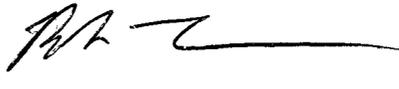
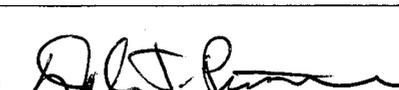
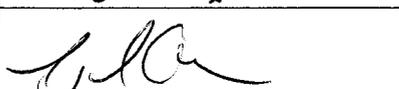
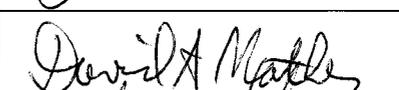
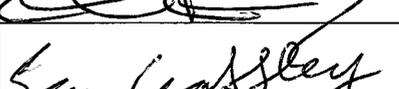
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

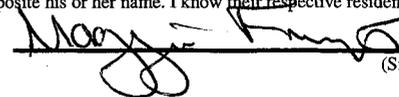
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. ROBERT BORMAN		Street: 3502 DENNETT DR City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>
2. Timothy Eagan		Street: 2005 Atwood Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
3. Robert J. Bost		Street: 5109 Ridge Oak Dr City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Dale T. Peterson		Street: 3320 Milwaukee St #3 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
5. Margarete Ordon		Street: 130 Bradford Ln City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
6. DAVID A. MATHER		Street: 2414 ST. PAUL AVENUE City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>
7. Stephen Herrick		Street: 2929 Union City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Matt Pierma		Street: 525 E MIFFLIN ST #7 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
9. ELIZABETH JOHNSON		Street: 214 N Dickinson St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
10. Sam Crossley		Street: 423 Washburn Pl 53703 City: madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, MAGGIE FREESPIKUT, (certify): I reside at 150 TALMADGE ST APT 2 MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 2085



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kristin Korerec	<i>Kristin Korerec</i>	Street: 702 Lorillard Ct. #110 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 2011 <small>(Month) (Day) (Year)</small>
2. Julie Friesler	<i>Julie Friesler</i>	Street: 249 Waubesa St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 <small>(Month) (Day) (Year)</small>
3. Cathy Stafford	<i>Cathy A. Stafford</i>	Street: 3409 Hargrove St City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 <small>(Month) (Day) (Year)</small>
4. Timothy Gundack	<i>Timothy Gundack</i>	Street: 308 Scott Dr City: De Forest WI Zip: 53532	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City De Forest	11 / 16 / 2011 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, MAGGIE FREESPIRIT, (certify): I reside at 150 TALMADGE STAPT 2 MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Maggie Freespirit*  
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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Jamison Rabbitt		Street: 411 Baitinger Ct City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 <small>(Month) (Day) (Year)</small>
2. LUKE PERCIN		Street: 3817 CthP City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 <small>(Month) (Day) (Year)</small>
3. JEFF ALTER		Street: 704 CHERRYWOOD CT City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
4. J. Thomas Harcarik		Street: 213 Rosemary Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
5. Tony Tantillo		Street: 3618 Olbrich Ave City: madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 <small>(Month) (Day) (Year)</small>
6. JOHN W. GONZALEZ		Street: 214 N. FAIR OAKS AVE City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
7. Scott Treinen		Street: 312 Morningside Dr. City: Deerfield, WI Zip: 53531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Marc Burns		Street: 718 S. MAIN ST. City: DeForest, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11/15/2011 <small>(Month) (Day) (Year)</small>
9. DENNIS STANZEL		Street: 718 FLORA LANE City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
10. GLENN DWYER		Street: 504 VANDERBILT DR City: WAUNAKEE Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUNAKEE	11/15/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Corinne Jones	<i>[Signature]</i>	Street: 849 Prospect Pl City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Scott Fillner	<i>[Signature]</i>	Street: 1100 Tompkins Dr City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
3. HANS J	<i>[Signature]</i>	Street: 1014 Monterey Lane City: Waunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Jonathan Sutherland	<i>[Signature]</i>	Street: 323 W. Main St City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 <small>(Month) (Day) (Year)</small>
5. Ricardo Rios	<i>[Signature]</i>	Street: 2201 S. Whitney way City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
6. Craig Hartman	<i>[Signature]</i>	Street: 5326 Kewbridge Rd City: MAD WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
7. Gary SACROSKI	<i>[Signature]</i>	Street: 4730 46th Rd City: Oregon, WI Zip: 53555	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Jody Hael	<i>[Signature]</i>	Street: 3581 Turn Rd City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/16/2011 <small>(Month) (Day) (Year)</small>
9. Todd Ots	<i>[Signature]</i>	Street: 4413 Jay Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 <small>(Month) (Day) (Year)</small>
10. MATTHEW J. KAUFMAN	<i>[Signature]</i>	Street: 617 SOUTH BOUND DR City: Deforest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DEFORREST	11/16/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN. MADISON WI 53713  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Todd G Endres  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jamie OBner		Street: 4201 Portland Cir City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
2. David Rogers		Street: 208 GENESIS Drive City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Chris Pilsner		Street: 4201 Portland Cir City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Erik Baletscher		Street: 7418 Timberlake Tr #108 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
5. Gerald King		Street: 8133 Windy Oak Dr City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Terry Richardson		Street: 743 Westlawn DR City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 <small>(Month) (Day) (Year)</small>
7. Tony Barlow		Street: 4449 Libby Rd City: Madison Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 <small>(Month) (Day) (Year)</small>
8. DARNEN OLSON		Street: 3734 SCHAS ST City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
9. BRIAN ZITLOW		Street: 2009 WHENONA DR City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
10. Michael Polich		Street: 7309 Friendship Ln City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. TODD ENDRES		Street: 2722 BADGER LN City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. John Cox III		Street: 6835 PARK RIDGE DR. City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Terry C. How		Street: 4400 Shore Acres Rd City: Monona wis Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Michael Roth		Street: 2201 Wagon + City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. John C. Forst		Street: 43 S. Lytton Dr City: Evansville, WI Zip: 53530	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Joshua Nichols		Street: 333 W. Mill St City: Columbus WI Zip: 53925	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Columbus	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Danielle Murphy		Street: 6809 Fieldwood Rd City: madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Jeanette M. Schumacher		Street: 743 Westlawn Dr City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Lucas Olson		Street: 415 N. Fair Oaks Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming <input type="checkbox"/> Village <input type="checkbox"/> City grove	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. John Zumstein		Street: 3807 W. Jargo Rd. City: Deerfield Zip: 53531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone

### Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011  
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(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Peter Gander	<i>Peter Gander</i>	Street: 1189 Race Track Rd City: Stoughton Zip: <del>53589</del> 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. GARY GRAY	<i>Gary Gray</i>	Street: 3230 MILWAUKEE ST City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Mitonel Pribbernow	<i>Mitonel Pribbernow</i>	Street: 2551 Kendall Ave City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone (60)
4. EARNEST ADAMS	<i>Ernest Adams</i>	Street: <del>9222 Independence Ln</del> City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone (60)
5. Barbara Polich Endres	<i>Barbara Polich Endres</i>	Street: 2722 Badger Lane City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. David Zimmerman	<i>David Zimmerman</i>	Street: 5066 Vienna Dr. City: Waunakee WI Zip: 53597	<input checked="" type="checkbox"/> Town T63 <input type="checkbox"/> City Vienna	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone (60)
7. MATTHEW SCAMARDO	<i>[Signature]</i>	Street: 709 ACACIA LN City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone (60)
8. Gary Pfeifer	<i>Gary Pfeifer</i>	Street: 4851 Irish Lane City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Peter Shores	<i>[Signature]</i>	Street: 4609 CAMDEN RD City: MADISON Zip: <del>53716</del> 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Jon Komell	<i>Jon Komell</i>	Street: 302 Stonefield Drive City: Lake Mills WI Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	11 / 15 / 2011 <small>(Month) (Day) (Year)</small>	Email Phone (60)

### Certification of Circulator

I, TODD B ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Arlene J. King	<i>Arlene J. King</i>	Street: 7223 Cross Country Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town Verona <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 <small>(Month) (Day) (Year)</small>
2. JOHN R. KING	<i>John R. King</i>	Street: 7223 Cross Country Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town Verona <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Collene A. Grant	<i>Collene Grant</i>	Street: 8155 Windy Oak Ln City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town Springdale <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Terry Rauls	<i>Terry Rauls</i>	Street: 6844 Sunset meadow dr City: Windsor Zip: 53593	<input checked="" type="checkbox"/> Town Windsor <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 <small>(Month) (Day) (Year)</small>
5. BRUCE DAILEY	<i>Bruce D. Dailey</i>	Street: 3551 Rankin Rd City: McFARLAND WI Zip: 53558	<input checked="" type="checkbox"/> Town <i>Blomerville</i> <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>
6. Dugg A Rehme	<i>Dugg A Rehme</i>	Street: 201 VAN DEUSEN 53715 City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>
7. George V. Soskoff	<i>George V. Soskoff</i>	Street: 1000 W. Medina Rd. City: Marshall Zip: 53555	<input checked="" type="checkbox"/> Town MARSHALL <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Brandon Butler	<i>Brandon Butler</i>	Street: 2342 Talc Trl 100 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>
9. GARY KALE	<i>Gary Kale</i>	Street: N9209 CANE RD City: BELLEVILLE Zip: 53508	<input checked="" type="checkbox"/> Town DAYTON <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>
10. Sonye Kincon-Olmos	<i>Sonye Kincon-Olmos</i>	Street: 2817 DUNWOODY DR City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN. MADISON WI 53713  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011  
(Month) (Day) (Year)

*Todd G Endres*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>MARIANNE GUILFOYLE</u>		Street: <u>Box 703</u> City: <u>MUSCOOTA,</u> Zip: <u>53573</u>	<input checked="" type="checkbox"/> Town <u>EAGLE</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>William C. Koonce</u>		Street: <u>7 High Point Woods Dr. Apt. 303</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
3. <u>Jeffrey P. Olsen</u>		Street: <u>423 East Bluff</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
4. <u>Peter Gitardi</u>		Street: <u>1796 S. Fish Hatchery Rd</u> City: <u>Fitchburg</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
5. <u>William Pitroski</u>		Street: <u>5370 Congress Av. #3</u> City: <u>MADISON</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
6. <u>LAVAI HOOVER</u>		Street: <u>5370 Congress Ave #3</u> City: <u>MADISON</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
7. <u>Thomas J. McSweeney</u>		Street: <u>1423 Spraight St</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2 DeForest  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Michael Pionke  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>SUSAN Y. HOFFMAN</u> Sign: <u>Susan Y. Hoffman</u>	Street: <u>1510 COMANCHE GLEN</u> City: <u>MADISON WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11 / 16 / 2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone (

I, Stephen Arvola (Printed Name of Circulator), (certify): I reside at 7201 Commonwealth Ave (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)  
Stephen Arvola  
(Signature of Circulator)

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Please include your  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	C
1. Print: <u>Charity Freeman</u> Sign: <u>[Signature]</u>	Street: <u>146 Rodney Ct Apt. 1</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
2. Print: <u>William D.P. Costa</u> Sign: <u>[Signature]</u>	Street: <u>211 Vista Rd</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>wico@mail</u> Phone <u>(608)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Commit  
PO Box  
Madison

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Leahno. Auld Arch</u> Sign: <u>[Signature]</u>	Street: <u>6840 Schroeder Rd Apt 19</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11 / 16 / 2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
2. Print: <u>Theresa Tarzzyt</u> Sign: <u>[Signature]</u>	Street: <u>5339 Boddy Dr. # 204</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11 / 16 / 2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
3. Print: <u>Beth Pippin</u> Sign: <u>[Signature]</u>	Street: <u>8211 Jade Dr</u> City: <u>Lodi</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Roxbury</u> <small>(Municipality Name)</small>	<u>11 / 16 / 2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
4. Print: <u>Alicia Christensen</u> Sign: <u>[Signature]</u>	Street: <u>2108 Jefferson St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11 / 14 / 2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
5. Print: <u>Wissida Domstreich</u> Sign: <u>[Signature]</u>	Street: <u>535 W Johnson Apt 407</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11 / 14 / 2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )

I, Stephen Arnold, (certify): I reside at 2201 Commonwealth Ave Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
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**Circulators.**  
Please include your  
Phone  
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Bob  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Robert Russell</u> Sign: <u>[Signature]</u>	Street: <u>4510 Shore Acres Rd.</u>  City: <u>Monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
2. Print: <u>Amanda Veitch</u> Sign: <u>[Signature]</u>	Street: <u>2146 Keyes</u>  City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/14/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Print: <u>Bette Ferris</u> Sign: <u>[Signature]</u>	Street: <u>501 Division St.</u>  City: <u>Ontario</u> Zip: <u>57651</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Ontario</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Print: <u>Richard Rice</u> Sign: <u>[Signature]</u>	Street: <u>630 Cramer Street</u>  City: <u>Mazomanie</u> Zip: <u>53560</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mazomanie</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
5. Print: <u>JEAN A CHWAE</u> Sign: <u>[Signature]</u>	Street: <u>110 S. Owen Dr</u>  City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>ELIZABETH CAUL</u> Sign: <u><i>Elizabeth Caul</i></u>	Street: <u>5530 CENTURY AVE #4</u> City: <u>MIDDLETON</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MIDDLETON</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
2. Print: <u>Richard Maddox</u> Sign: <u><i>RM Maddox</i></u>	Street: <u>5001 Tokay Blvd</u> City: <u>Madison WI 53711</u> Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
3. Print: <u>JOSHUA SCHMIDT</u> Sign: <u><i>J Schmidt</i></u>	Street: <u>213 W BELTLINE Hwy #22</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
4. Print: <u>Stephanie Yurcisin</u> Sign: <u><i>Steph Y</i></u>	Street: <u>3514 Topping Rd</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Shorewood Hills</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
5. Print: <u>Jason Larson</u> Sign: <u><i>Jason Larson</i></u>	Street: <u>1606 Ellen Ave</u> City: <u>Madison WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )

I, Stephen Arnold (Printed Name of Circulator), certify: I reside at 2201 Commonwealth Ave (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

*Stephen Arnold*  
(Signature of Circulator)

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Circulators.  
Please include your  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Rolf Mjaanes</u> Print: <u>Rolf Mjaanes</u> Sign:	Street: <u>2153 Fox Ave.</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (6
2. <u>Elizabeth Chavez</u> Print: <u>Elizabeth Chavez</u> Sign:	Street: <u>3730 Zwerg Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
3. <u>Kellie Miller</u> Print: <u>Kellie Miller</u> Sign:	Street: <u>6414 Keelson Dr.</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
4. <u>Karen H. Jankowsky</u> Print: <u>Karen H. Jankowsky</u> Sign:	Street: <u>2244 Commonwealth Ave</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (6
5. <u>Rochelle Engel</u> Print: <u>Rochelle Engel</u> Sign:	Street: <u>2114 Adams St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. <u>Monica Winkler</u> Print: <u>Monica Winkler</u> Sign:	<u>4110 Mineral Point Rd</u> Street: <u>Madison WI 53705</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
2. <u>Jacqueline Stambaugh</u> Print: <u>[Signature]</u> Sign:	<u>2901 Post Rd</u> Street: <u>Madison 53713</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>KAC</u> Phone: <u>(608)</u>
3. <u>ASHLEY CROOKS</u> Print: <u>[Signature]</u> Sign:	<u>2010 E WASHINGTON</u> Street: <u>MADISON 53704</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
4. <u>Cassie Kienert</u> Print: <u>[Signature]</u> Sign:	<u>2310 Parmenter St Apt 917</u> Street: <u>Middleton 53562</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> <small>(Municipality Name)</small>	<u>11/14/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
5. <u>Evin Clements</u> Print: <u>Evin Clements</u> Sign:	<u>1519 Jefferson St #1</u> Street: <u>Madison 53711</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )

### Certification of Circulator

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 / 16 / 2011  
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(Signature of Circulator)

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Circulators:  
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